## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further cor indicated unless corrected t maintenance fee notification	respondence including the loelow or directed otherwise as.	in Block I, by (a)	ers and notif specifying a	cation of maintenance fees new correspondence addres	will be mailed to the current ss; and/or (b) indicating a sep	t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 08/19/2004				Fee(s) Transmittal. 7 papers. Each additio	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
PHARMACIA Cof Pfizer Inc. Corporate Patent D P.O. Box 1027	ORPORATION			I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is bein the with sufficient postage for fi ail Stop ISSUE FEE address SPTO (703) 746-4000, on the	smission  g deposited with the United rst class mail in an envelope s above, or being facsimile	
Chesterfield, MO 63006				Karol J.	wilder	(Depositor's name)	
				faul	J. Wilde	(Signature)	
				18 Novemb	Ver 04	(Date)	
APPLICATION NO. FILING DATE		F	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/649,210	08/27/2003		David B. Reitz			6144	
TITLE OF INVENTION: 1-	PHENYL IMIDAZOL-2-0	NE BIPHENYLW	ETHYL COM	IFOUNDS FOR TREATMI	ENT OF CIRCULATORY DIS	SURDERS	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1330		\$300	\$1630	11/19/2004	
EXAMINER		ART UNI	г	CLASS-SUBCLASS			
STOCKTON, LAURA		1626		514-381000			
Address form PTO/SB/12  "Fee Address" indicati	ence address (or Change of C 22) attached. on (or "Fee Address" Indica or more recent) attached. Use	ion form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND							
recordation as set forth in  (A) NAME OF ASSIGN	1 37 CFR 3.11. Completion	of this form is NOT (B)	a substitute f	or filing an assignment.  E: (CITY and STATEOR C	gnee is identified below, the 1/26/2004 MBEYENE2 00( OUNTRY) 1370. ( 2 FC:1504 300. (	)00104 191025 - 1064921 DO DA	
G.D. Searle	& Co. P.O. B	ox 2110 (	Chicago			00 DA	
Please check the appropriate	assignee category or catego	ries (will not be prir	nted on the pa	tent); 🛭 individual 🗴	corporation or other private g	group entity    government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee				• /			
<del></del>				the amount of the fee(s) is e			
2 Advance Order - # of Copies 5				y credit card. Form PTO-203 for is hereby authorized by	charge the required fee(s), or	credit any overpayment, to	
	<del>-</del>		Deposit Acco	unt Number <u>19–102</u>	5 (enclose an extra	copy of this form).	
5. Change in Entity Status ☐ a. Applicant claims SM	(from status indicated above MALL ENTITY status. See 3		☐ b. Applicar	nt is not claiming SMALL E	NTITY status. See, e.g., 37 CF	FR 1.27(g)(2).	
	ublication Fee (if required) y	vill not be accented	from anyone		asly paid issue fee to the applic egistered attorney or agent; or		
(Authorized Signature)	musel lear	(Date)	1/8	November	- 2004		
This collection of informatic an application. Confidentiali submitting the completed ap this forby and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USP1 s for reducing this burden, slinia 22313-1450. DO NOT	11. The information 122 and 37 CFR 1 0. Time will vary of 100 to the SEND FEES OR CO	is required to 14. This coll depending up Chief Inform OMPLETED	o obtain or retain a benefit b	y the public which is to file (ar 2 minutes to complete, includi comments on the amount of to d Trademark Office, U.S. Der SS. SEND TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.